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CASE OF TWINS,

**With locking of the fore-arm of one of them, and fracture of the humerus—successfully treated.*

BY PROFESSOR MEIGS.

Philadelphia, Sept. 29th, 1844.

To the Editor of the Medical Examiner:

SIR—On the 13th inst., I attended Mrs. H.—South 11th street, in labour with twins. Both of the children came footling, and were of good size. The eldest, which was safely delivered, was followed in a few minutes by the second child, which came very well, until I found that the right shoulder would not descend in consequence of the fore-arm having been keyed behind the infant's neck. I made various attempts to get the arm unlocked, but it was so jammed against the side of the pelvis, that I failed to get it down, though I used Dr. Dewee's method of pushing the shoulder in the direction of the child's sternum. Finding that the pulsations of the cord began to give signs that the child would be lost, and that the spasmodic twitching of its legs also indicated its extreme peril, I said to the nurse that I feared the bone would break before I could deliver. I at length got the limb down, by pressing with my finger near the elbow—but the os humeri was fractured.

Upon carefully examining the child soon after its birth, I could not clearly detect the signs of the fracture, the arm being much swelled and contused. The next day, however, I found it perfectly flexible at the fractured point.

It was on the 14th inst. that I put the limb in a carved splint, and I find this morning that union is complete, which is sixteen days that the bone has been under treatment.

The motive for offering you this article is chiefly that you may put on record the fact that in the newborn child the progress of ossification, in a fracture of the os humeri, is so speedily effected. Indeed, I am of opinion that the arm was firm on Thursday last, which was 13 days only after the first dressing.

Permit me to suggest that an accoucheur who feels that his manœuvre is about to endanger the limb of a fœtus in utero, whose life he desires to save, or whose mother must be saved, *coute qui coute*, ought, in justice to himself as well as his art, to announce that the risk and the necessity of running it, are equally great, so that the parents or friends may not have any excuse, or indeed inclination, to charge him with carelessness or improper violence.

I am sir, your obed't serv't,

CHAS. D. MEIGS.

ON THE TREATMENT OF THE DENTAL PULP.
BY JOHN D. WHITE, M. D., OF PHILADELPHIA, SURGEON
DENTIST.

The age at which the roots of teeth are completely formed, is a subject, which, as far as I have observed, has not been settled. Yet it is as important a point in a practical point of view, as any other connected with their development. Of course, the same irregularity with regard to the completion of the forma-

tion of the roots as to age will obtain, as with the protrusion of the teeth through the gum; consequently, it will be difficult to arrive at a knowledge of the precise period at which they are completed.

A few observations by some of the profession would, I have no doubt, soon suggest something sufficiently definite to enable us to form a correct diagnosis when called upon to treat the diseased teeth of young patients. I was first impressed with the importance of the subject about five years ago; but I confess not until several ineffectual attempts at saving incompletely formed teeth, by treating the pulp, and filling them, compelled me to seek out a deeper cause than the mere mode of treatment. I examined authors, but found nothing on the subject. Whether they have considered it as a matter which would strike the mind of any one who would attempt to operate at all, as so self evident as to require no precaution or comment, I know not; but it is certain that a few hints would have saved me some trouble, and my patients some pain, in the commencement of my practice.

I know well that there are many in the profession, of longer experience and more extensive reading than myself, who have met, and still do meet with similar difficulties by not having any very definite practice on the subject.

I have a number of specimens of the second molars, extracted from different patients, of fourteen years of age, in which the foramina at the extremities of the fangs are from half a line to a line in diameter. If we were to calculate the time it requires for a tooth to become completely developed after it pierces the gum, it would assist us in making out a diagnosis, and this will call for an exercise of the judgment of the practitioner; as the patient is often unable to recollect the precise time at which the molars first appear. Age, therefore, would seem to be the best guide. The teeth of patients under twenty, even though they seem to be fully developed, as far as my experience goes, are more difficult of preservation than those of older patients.

When we are consulted with regard to the teeth of young patients, we find the observance of the following rules of great value; but of course they are by no means in all cases to be relied on, but they are an approximation from which the operation must deviate, according to the nature of the case. If the pulp be exposed in a first molar of either jaw, and the patient under twelve years of age, we consider it beyond the reach of successful treatment; if it be one of the second molars, and the patient under sixteen, the treatment, as a general rule, will also be unsuccessful. In consequence of the fangs of the single teeth being farther developed when they pierce the gum, than the fangs of the double teeth, they can be treated with more safety than the latter, and in a shorter time after they make their appearance. As the patient in almost all cases observes the time at which the single teeth pierce the gum, if we add say from three to four years, it will allow sufficient time for the completion of the fangs; a regard, therefore, by the operator of the times respectively at

which the single teeth make their appearance, will be essential to the formation of a correct diagnosis. If the pulp be destroyed, the farther formation of the tooth will be arrested. Intense inflammation will be produced in the external membranes and jaw, by destroying the pulp outside of the incompletely formed roots; and if it be not destroyed, inflammation will extend to the external membranes which will produce the same result.

I was solicited by a lady, about three years ago, to destroy the nerve of the first inferior molar, for her daughter, who was about eight years of age. I refused, for reasons given above; but not being satisfied with my opinion, she sought advice elsewhere, and the dentist to whom she applied destroyed the nerve, as he said, and plugged the tooth; after which intense inflammation set in, the part was poulticed externally (when poultices are applied, they should invariably be applied to the gum opposite the tooth,) to produce suppuration, and, as it was extensively inflamed and swollen, it pointed outside opposite the tooth, near the base of the jaw. The parent became alarmed, and applied to me again; I removed the tooth, as a matter of course, and found the roots of it incomplete, and the foramen large enough to admit the barrel of a crow-quill.

To the Editor of the Medical Examiner:

SIR—I beg leave, through your columns, to inquire of your numerous readers and correspondents, whether any of them have ever tried the experiment of raising the European leech in this country, and if so, what method they have found successful?

The high price of this valuable agent, the increasing demand for them, and the great difficulty with which they can at times be obtained, especially in parts of the country remote from large cities, justifies, I think, the attempt to rear them among us.

A communication from any gentleman who has made the experiment, would, I have no doubt, be acceptable to many of your readers. MEDICUS.

Charlottesville, Va., Aug. 31, 1844.

Since the reception of the above communication we have made inquiry of an intelligent leecher in this city, on the subject to which it refers, but he knew of no instance in which the attempt had been seriously made to raise any of the foreign leech. We shall be very glad to receive and communicate any information on this subject, and hope that some of our readers will be able to answer the inquiry of our correspondent.—EDITOR.

CLINICAL LECTURES AND REPORTS.

LECTURES ON THE DISEASES OF THE BONES AND THE JOINTS.

BY ROBERT LISTON, ESQ., F.R.S.,

Surgeon of University College Hospital, and Professor of Clinical Surgery in University College, London.

Substitute bone after the loss of bone from death. Error relating to necrosis without sequestra. Mr. Gulliver's experiments on the disappearance of dead bone. Treatment of periostitis. The veterinary operation of subcutaneous periostotomy. Treatment of inflammation of bone. Of caries and necrosis. Removal of the sequestrum. Hypertrophy and atrophy of bone. Rickets and mollitus ossium.

When the greater part of the shaft of a long bone dies, new osseous matter forms a case around the dead bone, which case is called the "substitute bone."

The centre of the bone is, of course, filled with purulent matter; the bone itself becomes much enlarged; very intense pain is experienced; and the system in general suffers considerable disturbance. After a time, however, ulceration proceeds in some part of the encasing bone, a "cloaca" is formed, and the matter until now pent up in the medullary cavity, finds an exit into the soft parts round the bone, and points externally. As soon as the quantity of matter thus collected has escaped, and the parts become quieter, the opening in the soft parts contracts: the aperture is converted into what is called a "papilla" (which is an elevated granulation having a small hole in the centre.) The papilla leads by a narrow fistulous opening to the cloaca, and probably the probe passed through this may enable us to feel the dead bone within.

This state of parts remains, often for a long time, until the dead portion becomes separated from the living portion by the process of absorption, and during this period the "substitute bone" is being made more and more capable of carrying on the functions of the part which has been killed.

The formation of the substitute bone proceeds from those extreme points of the old bone which retain their vitality, and takes place *under* the thickened and swollen periosteum; for the bony tissue alone seems to have the power of assimilation, as it were, and of causing the deposition on its surface of new osseous matter. Although, however, it is commenced at several isolated spots, it ultimately becomes one piece by the little islands of bony matter coalescing and uniting at the points at which they touch one another.

This, as I have said, is going on together with the process of separation. Now, how does this take place? Why, the dead bone is separated from the living bone precisely in the same manner that the mortified parts are separated from the living in cutaneous, muscular, and other structures; that is to say, the part of the living bone in immediate contact with the dead portion is absorbed by the proper vessels, and the sequestrum is ultimately left free.

This absorption of the living bone takes place close around the dead piece, or pieces, so that these present irregular cellular edges covered with fine spiculae. The appearance of erosion of the edges of sequestra has led to the idea that these, after their separation, and whilst they are lying loose in the cavity of the substitute bone, are in some degree acted on by the absorbent vessels. Nay, it has been supposed by some that if the sequestra remain long enough they are entirely removed by this process, and cases are related of necrosis without sequestra. This idea, however, is entirely erroneous, and the nature of the cases I allude to is this. A small portion of bone in the central part of a bone dies, and violent inflammation of the whole bone is the consequence, even though the exciting cause be small. This inflammatory action continues for a long time, and either the small piece of dead bone is discharged unnoticed with the pus, or it becomes encased, and ultimately lies dormant in the centre of the bone. The external opening then heals, and the case is supposed to be one in which the dead bone has been absorbed. There is no such thing as any absorption of bone after once it has become dead, and I have long insisted on this doctrine in my lectures. It is beautifully shown in this preparation of a long sequestrum, composed of nearly the whole internal shell of the humerus. The upper part of this sequestrum presented just under the shoulder, having pushed through a cloaca in that situation; and, as

all of it could not be extracted, I applied the cutting forceps, and removed as much as I could reach. The opening now closed, and the sequestrum remained for a long time bathed in the pus which filled up the medullary cavity, whilst the process of absorption was slowly going on in the neighbouring living bone. At length, when separation had taken place sufficiently to allow the sequestrum to be moved about, a fresh incision was made over the shoulder, and the top of the sequestrum being seized by forceps the whole was drawn out in one piece. If you examine it you will see that, although all the rest of the sequestrum is cellular in its appearance, and has rough and apparently corroded edges, the upper part, where the bone-forceps was applied, is as smooth and sharp as when it was first cut through, clearly showing that no absorption had been going on in the actually dead bone, though it had been proceeding in the living bone in close contact with it. The same fact is illustrated in some cases of amputation. When everything goes on favourably the end of the amputated bone becomes quickly smoothed and rounded off by the absorption of the edges and asperities left by the saw; but when, as occasionally happens, the end of the bone becomes necrosed, although it may be covered over with granulations, and remain concealed in this way for a length of time, yet the cut end remains as clean and smooth as ever, and not the slightest absorption takes place around its edges.

This matter has lately been completely set at rest by my friend, Mr. Gulliver, who made several interesting experiments to discover whether or not dead bone could be acted on by the absorbents of living bone. He was told by Mr. Clift, of the College of Surgeons, that John Hunter had made some experiments on the subject, and had found that when a piece of dead bone was bound on an ulcer, it was acted on by the living structures, and partially absorbed. Other experimenters tried the same thing with some variations, and declared that they found even that ivory when so treated was partly taken up. These experiments Mr. Gulliver first performed, carefully weighing the bone before and after the experiment; and though he sometimes found the weight of the piece slightly increased, probably owing to the absorption of moisture from the ulcer, he never could discover the slightest diminution in it.

The same result has been obtained at the hospital, where I have caused small smooth pieces of bone, previously weighed, to be introduced, and kept in issues, instead of peas, or other foreign bodies. But Mr. Gulliver went farther,—he introduced pieces of dead bone into the medullary cavities of the long bones of rabbits and other animals, and, after leaving them in for several weeks, killed the animal and examined the state of parts. He never could find the bone which he had introduced in the slightest degree eroded, nor could he detect any diminution in its weight. In some cases it was curious that he observed the dead pieces of bone cemented to the sides of the medullary cavity by new osseous matter thrown out by the living bone.

So much, then, with regard to the separation of sequestra. When that has been effected the substitute bone has to perform all the duties of the bone unassisted, and generally it is quite able to do so. Sometimes it is not strong enough, and is fractured by muscular action or violence, but that is seldom the case, for, as I have before observed, it begins to be deposited even before the old bone is actually dead, and continues to increase in size whilst the process of separation is slowly going on.

The substitute bone is at first very clumsy and

unsightly, having a very rough irregular surface, with large nodules projecting, and numerous cloaca in different parts. These, however, are gradually rounded off and filled up, and the medullary cavity being also diminished in calibre, the bone in time becomes very much like the original one, both in its external appearance and internal structure. In the last place, with respect to the suppuration in this disease, it is at first excessive, but gradually diminishes, although it does not quite cease until the dead bone, which keeps up irritation like any other foreign body, is removed; and although at the commencement of the disease the system suffers considerably from the copious formation of pus, the constitution appears after a time to become accustomed to the drain which is thus established. The character of the pus in necrosis is generally thick, healthy, and bland, and differs very much from the foul, fetid, and irritating discharge which escapes from that kind of ulcer in bone which I have mentioned to you under the name of *caries*.

We now come to consider generally the mode of treatment of these affections; I say generally, because I propose, after speaking of the diseases of joints (which are so intimately connected with disease of the bones as to require to be considered in relation with them,) to treat shortly of diseases of particular bones, commencing with those of the skull and spine, and proceeding to those of the extremities.

In that kind of inflammation which has its seat in the *periosteum* you must look well to the predisposing causes. Some arise from a natural vice in the constitution, others from abuse of mercury, and others from exposure to cold whilst the patient is undergoing a mercurial course; others, again, are of a perfectly simple nature, arising from injury, &c. The general treatment will vary in such cases according to these circumstances. In the simplest cases it will consist of the exhibition of diaphoretics, sarsaparilla, &c., and in others close attention must be paid to the general health, and to improve the tone and strength of the patient.

In the most violent cases, however, we must sometimes have recourse to mercury, even where that medicine may have been the original predisposing cause of the disease. As the method least likely to prove hurtful to the constitution I should recommend the exhibition of the *bichloride or biniodide of mercury*, which should be continued, steadily, until some effect is produced on the tumour, or until the nocturnal pains are lessened. It may then be laid aside, and in its place you may administer *decocction of sarsaparilla*, with or without the *iodide of potassium*, which in many cases gives great and sometimes permanent relief. Other medicines might be mentioned, but these are sufficient for our purpose.

The disease also requires to be pretty actively treated by *local means*. The local abstraction of blood by leeches will often be borne with great advantage; after which blisters may be applied, either in the ordinary way, or still better by rubbing the part, previously moistened, with nitrate of silver, or the skin over the inflamed periosteum may be painted over with a strong solution of iodine and alcohol (3*j*—3*v.*)

In some cases of nodes these methods of treatment often prove unsatisfactory, and then I would be inclined to have recourse to incisions. These should be made freely down to the bone, and tolerably long. If matter have collected it is thus got rid of, and if not the bleeding which takes place is very serviceable, and the swelling and extreme tension of the

parts, productive of so much pain, are relieved. I have often wished, though I have not yet accomplished my desire, to perform in these cases an operation which veterinary surgeons perform on young horses in cases of what is termed "splints." The operation to which I refer is called "subcutaneous periostotomy," and consists in making a small puncture in the skin, and introducing a probe-pointed knife, its edge on the convexity, which, when its edge is turned against the bone, cuts through the inflamed periosteum without dividing any more of the soft parts. This operation is often attended with excellent results in horses, and I do not see why it should not prove equally beneficial if applied to proper cases in the human subject. It is a very simple proceeding, and is not attended with more disturbance of the parts than is excited by division of tendons in cases of club-foot. (This operation has since been tried with good effect.)

In *inflammation of particular bones* the treatment should be conducted much on the same principle as in periostitis. It should always be prompt and generally energetic, as we can more easily prevent the many serious consequences which may ensue from it than treat them when once they occur. In acute inflammation of bones you will frequently, and indeed in most cases when the patient is tolerably strong, find it necessary to bleed copiously and perhaps repeatedly. The bowels also should be freely moved by an active purge, and means may then be taken to determine to the skin by the use of diaphoretic medicines, baths, &c. Of course the patient should at the same time be kept perfectly quiet, on a low diet, and should be protected from the influence of cold.

When suppuration follows inflammation, and that suppuration is superficial, of course the sooner the matter is let out the better for the patient, as less risk is run of further unpleasant consequences from its accumulation and pressure. When symptoms arise threatening suppuration in the heads of the long bones the limb should be entirely disused, and kept elevated, and powerful counter-irritants should be had recourse to. The moxa, and the application of the red hot iron, are prised by many as the only modes of commanding such deep-seated inflammation. At one time I used to employ the actual cautery, but I have now given it up for the potential cautery, as I consider the issues formed by the application of potassa fusa, corrosive sublimate, &c. to be equally efficacious, whilst their employment is much less appalling to the patients and their friends.

When matter collects in the medullary cavity of bones, or between the two tables of flat bones (called absurdly enough "*spina ventosa*") the patient suffers extreme pain and constitutional disturbance, which renders it necessary to get rid of the collection. In some parts of a bone so affected the osseous matter gives way readily, it is rapidly removed by absorption, and becomes extremely thin, almost diaphanous when dry—ultimately it may burst altogether. In other parts, however, there may be a fresh deposition of bony matter, and the shell of the bone instead of becoming thinner actually increases in thickness. In such a case it will be necessary to interfere actively, and make an opening for the exit of the pus by means of a trephine. This is not unfrequently the case in the tibia, and when I come to treat of diseases of that bone I shall have the opportunity of recurring to this subject.

When ulceration has taken place an early and free opening should be made over the part if possible, to

let the matter out, and allow the parts a chance of recovering themselves. If the ulcer be of that kind which is denominated carious, such a proceeding proves useless, and the diseased bone must be removed. If there be any necrosed bone present it should be turned out with a sharp scoop (such as is used by bird-stuffers for removing the brain,) and at the same time the carious bone should be as freely removed as possible, the lardaceous and tuberculous deposit, so often present in these cases, being then likewise got rid of. After this proceeding the opening in the bone should be dressed with dry lint and allowed to granulate from the bottom. Sometimes the application of an escharotic is required to determine the death of a carious portion of bone, and cause it to be fairly thrown off. The application should be a dry one. That which I generally employ is *red oxide of mercury*. Such applications are much better and more convenient than caustic potass, or nitrate of mercury dissolved in nitric acid, &c., which spread about, and are not so limited in their action, or so precise in their effects, as could be wished.

When speaking of the treatment of caries I said that in some cases the diseased portion of bone might be removed, and the limb or part remain serviceable, but this is not very frequently the case, and you will be obliged to have recourse to a more severe proceeding. When the affection is limited to the heads of bones composing a joint, as the shoulder or elbow, for example, and the case is in other respects favourable, the patient may escape with a tolerably useful limb, by submitting to the excision of the joint, of which I shall hereafter have occasion to speak again. Often, however, this is impracticable, and amputation of the limb above the diseased part is the only chance which the patient has of regaining health and strength.

Now, with regard to the treatment of *necrosis*, when once the bone is dead you must never hope, as I have already shown you, that it can become absorbed. Hence the use of frequent blisters, tincture of iodine, and other applications, made with the view of promoting absorption, is more than doubtful. The same may be said of lotions containing acids in solution, which are by some applied over the wound, or injected into the cavity containing the sequestrum. These can never determine the absorption of the sequestrum. All these things are even worse than useless. Neither, again, can you reasonably expect that the dead portion or portions of bone will remain dormant, though sometimes this may be the case. In general, local and perhaps constitutional irritation will be kept up until the offending parts, which act like any other foreign body, are expelled or extracted; you must, therefore, endeavour to get your patient quit of the sequestrum as soon as possible. There is no use in trying to extract it by any operation until there is reason to think that the process of absorption in the neighbouring living bone has advanced to such an extent as to loosen the sequestrum. When the case is one of very long standing you may fairly suppose that this has taken place, but in general you should obtain more accurate information by the use of the probe.

You pass this instrument in' o a cloaca, and you find that it can be pushed between the new and the dead bone; by turning the instrument in a skilful manner you may then be able to pass it round the other side, so as to satisfy yourself that the part near the cloaca is quite separated. If the bone is so exposed that it can be laid hold of with forceps, you can then shake it and move it backwards and for-

wards in the direction of the shaft, or this may be done sometimes by fixing a sharp point, as of a pair of scissors, in it; thus its detachment can be determined. I have often used with advantage for this purpose a steel probe with a fine screw upon it, such a one as is used for removing tubes from the nasal duct. When you discover for certain that the bone is loose, you are warranted in cutting down upon the opening and trying to get out the dead portion of bone, even though you cannot move the piece upwards and downwards in the cavity of the substitute bone. This may, however, be done in some cases. In dividing the soft parts you generally meet with sharp haemorrhage, as the tissues are condensed and the blood-vessels cannot easily retract. When you arrive at the opening in the substitute bone, you may find it too small to allow of the exit of the sequestrum, and will then proceed to enlarge it to the requisite extent. This is done by cutting away the new bone, which is readily accomplished in most instances. Sometimes you will find two cloaca near each other, and will only have to clip up or saw away the bone which separates the two, in order to get a sufficiently large opening. When this is accomplished you lay hold of the dead bone with a pair of strong, deeply-toothed forceps, and try to extract it. You may thus draw out a long piece in the direction of the shaft, or you may have to take out numerous pieces from the same bone. In other cases you will experience more difficulty, and will be obliged to vary the operation according to the circumstances of the case. For example, you may happen to cut down upon the dead bone near its centre, and whilst you can move it both upwards and downwards to a certain extent, you cannot free either extremity so as to draw the whole out. In such a case, common sense will tell you to apply a small saw, (Hey's straight-edged saw,) and, after cutting the sequestrum across the middle, extract each half separately. When you have removed the whole of the disease the parts are allowed to granulate and close, which they begin to do immediately. If the new bone is not strong enough, you may for a time put the limb in splints and a bandage; but, as I before said, this is very seldom required; and, for my own part, I never yet saw a case in which such a proceeding was indicated. All you have to do is to attend to the patient's general health, and nature will conclude the case for you without difficulty.

Having now taken a general view of the nature and treatment of inflammation of bone and its consequences, we have to notice two other diseases of this tissue, before we proceed to affections of the joints—I allude to hypertrophy and atrophy.

Hypertrophy is sometimes seen in gouty subjects affecting the bones of the wrist and other joints, giving an enlarged and awkward appearance to them, not dependent on inflammatory swelling. When such joints are examined, the articular ends of the bones are found swollen and loose in texture—the bony matter is perhaps not so dense and close as usual, but still there is more of it than natural. Again, you will occasionally meet with cases in which the articular cartilage has been removed by ulceration, and in which an excessive deposite of bony matter has taken place, forming a dense, smooth, and even polished longer on the surfaces, which are required to move over one another. This porcelainous deposite is seen in the hip-joint occasionally, and consists in hypertrophy of the tissue. In this instance (specimen) it is attended with immense deposite of bone around the joint, causing the depth of the acetabulum to be greatly increased. The "ligamentum labri cartila-

gineum," as it has been called, has, in fact, been completely ossified, and the head of the femur is in some positions, completely locked in. The other large joints may likewise be the seat of this unusual deposite.

The opposite state of *atrophy* is not unusual; either particular bones or the whole osseous system becoming wasted, and the true bony tissue being in part removed by interstitial absorption.

The bone is altered in its constituent parts; the shell is thinned; the cancellated structure becomes more open and bears a greater proportion than natural to the dense part; and the cells are filled with oily or fatty matter. It is specifically as well as absolutely lighter, than it was in health. This takes place in the bones of limbs which, from some obstinate disease, have been long disused; and not only is the structure of the bone altered, but its size is also diminished, particularly in circumference. Instances of local atrophy of bones are seen in an affection of the hip, worth remembering. A patient falls and strikes the hip, and you find, on examination, that there is no fracture; that the joint is only bruised. However, there is some slight inflammatory action, and, consequently, the joint is for some time disused, owing to the pain excited on motion. The effect of this disuse may be an *interstitial absorption* of the head of the bone sufficient, ultimately, to cause as much as two inches' shortening of the limb. This may take place in persons of middle life, though more commonly met with in old people; and as the lameness consequent on it is as bad and as permanent as if the neck of the bone had been broken, it is a very important affection to be acquainted with. It is also seen in the whole skeleton of persons who have been bed-ridden for many years before death, as in a remarkable case in my museum of a poor hydrocephalic patient whose bones are reduced to almost half their natural dimensions.

The same kind of thing now and then occurs in bones, from a want of vascular supply, and this only in part of a bone. Thus, as Mr. Curling has lately shown, when fracture of the leg, &c., takes place below the point at which the nutritious artery enters, the bone below the fracture becomes atrophied from deficient nutrition.

Again, atrophy of the bones, as well as of the other structures, of one or more limbs, will sometimes occur in children who have been afflicted with that form of paralysis which not unfrequently follows on difficult teething attended with convulsions, &c., The limb cannot be moved by an effort of the will; it remains for a long time inactive; and as a natural result of such want of exercise, all the tissues in it become wasted, and the bones among the rest.

In some weak and unhealthy children, the bones are imperfectly formed from the commencement, and instead of becoming the seat of ossification, as in healthy subjects, they remain for a length of time soft and cartilaginous, containing a quantity of brownish bloody serosity, and very little osseous matter or true marrow. In consequence of this, when the child begins to get about, the long bones are observed to give way; the femur bends in so as to let the knees cross one another; the bones of the leg become distorted; the pelvis gives way in different parts, and progression is thereby rendered painfully difficult. After a time, also, the ribs themselves are flattened in different directions, and breathing becomes laborious. Such children are, generally, of a very weak habit and unhealthy appearance; their belly is prominent; their digestive system out of order; and their bowels, perhaps, irregular. This,

however, may be recovered from, though not, perhaps, until irreparable mischief has been effected. The general health of the child is improved, and as it becomes stronger the bones harden in their distorted shapes by the gradual deposition of osseous matter. Ultimately, the osseous system becomes as dense as usual, but the individual, particularly if a female, is exposed to much inconvenience and even danger. It has been noticed that these women are peculiarly disposed to conception, and each time that such an event takes place, they are probably obliged to undergo some operation, either to bring on premature labour or to cut the child's head in pieces, in order to allow of its extraction. When this is neglected the patient is in great danger, owing to the limited space allowed for the passage of the child's head between the mis-shapen bones of the pelvis. The Cæsarian operation, and other severe proceedings, are also had recourse to in some such cases. Now, this diseased state of the bones is called rachitis or rickets. It is an original deficiency, and may be only temporary.

There is another affection, very much like rickets in its intimate nature, called *mollities ossium*, which differs from it, however, in not being an original defect. Persons labouring under this disease may have been perfectly formed at one time; their bones may have been straight enough, and properly composed, so far as relates to the comparative quantity of osseous matter. From some obscure cause, however, they fall into ill health, and all their bones soften till they be perfectly pliable, and may be bent about in any direction. In this state, if the bones are examined, they will be found to contain an unusually small proportion of phosphate of lime; they are, in fact, very much in the same state as a healthy bone which has been steeped for a time in some acid solution. *Mollities ossium* also differs from rachitis in being (at least as far as can be observed, and it is, fortunately, a rare disease) a permanent affection. The osseous matter which *has never been formed* in the case of rickets *may*, after a longer or shorter period, be deposited, and the disease so far remedied; but when it has once been deposited and then taken up by the absorbents, as in *mollities ossium*, the earthy matter is said never to make its appearance again, and the patient is condemned to linger out a miserable existence.

Softening of the bones has been attributed to the imprudent and excessive employment of mercury, to haemorrhages from different causes, and to other circumstances tending to debilitate the patient. It has also been referred to the effect of common salt taken in large quantities, but I cannot understand how this should produce such an effect.

London Lancet.

BIBLIOGRAPHICAL NOTICES.

Cyclopaedia of Practical Medicine. Parts XIII., XIV., XV.

SOME time since, we noticed the conclusion of the second volume, or No. XII. of this valuable work. Since then we have received three more numbers, lacking nothing of the excellence of those which preceded. From the rapid and regular manner in which the publication proceeds, it is evident that the whole will be completed within the time promised by the enterprising publishers.

An Essay on the Philosophy of Medical Science. By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine, in the University of Maryland: 8vo. pp. 312. Philadelphia, Lea & Blanchard, 1844.

Considering the great respectability of the source from whence it comes, this is a remarkable book for the present day. It is nothing less than an attempt to revive the doctrines of *Empiricism*, as taught in the earliest ages, to the utter exclusion of all "*rationalism*," or reasoning in medicine. With the author, practical medicine is an "*empirical art*." All our knowledge is confined to direct observation; observation must guide us in all cases; and where that fails, we have no light, no guide whatever. That we may not do either him or ourselves injustice, we will quote his own language.

"Writers upon the science and art of medicine, have always been, so far as the subject now before us is concerned, divided into two classes, or schools; those of the *rationalists*, and of the *empirics*. The former have always been, and still continue to be, the most numerous and powerful. Their doctrines have pervaded and governed the medical world. They claim to be more *philosophical* than their opponents, the *empirics*. They profess to be governed and guided in their theory and practice, by what they are pleased to call *rational principles*. They allege that their therapeutics is founded upon rational *indications*. They claim, not merely to cure diseases, but cure to them *philosophically*, and in conformity to their *rational principles*. They claim, not merely to have ascertained the relationship which exists between diseases and their remedies, but to understand the *nature* and the *reasons* of this relationship. They pretend to explain the *mode* and *manner* in which their remedies produce their results. Their doctrine is, that therapeutics is *founded upon pathology*; that the former is deduced from the latter. They are very confident in their knowledge of the intimate *modus operandi* of their remedies. The *empirics*, on the other hand, deny all this. They say, that our knowledge of the relationship between diseases and their modifiers, is the sole and exclusive result of observation of this relationship itself. They disclaim any knowledge of the intimate and essential nature of this relationship. They deny that any acquaintance, however complete and accurate, with the phenomena of pathology, could ever of itself have led to a knowledge of the relations, which exist between these phenomena, and those substances and influences in nature, endowed with the property of arresting or controlling these phenomena. They deny, that therapeutics is founded upon pathology. They deny, that by any process of reasoning, the former can be deduced from the latter. This doctrine, I hardly need say, is the doctrine of this essay," &c., (pages 103, 4, 5.)

Professor Bartlett maintains that our knowledge of physiology is not deducible from our knowledge of anatomy," that "our knowledge of pathology is not deducible from our knowledge of physiology," and that "therapeutics is not founded upon pathology." Now we think it would be somewhat difficult for him to point out, consistently with these views, any advantage to be derived, in the treatment of diseases, from the study of these subjects; but we can hardly think that he is yet prepared to discard them from his course of medical instruction.

We cannot, however, see how he can justify spending so much time as is necessary to acquire even a tolerable knowledge of anatomy, physiology, pathology, and therapeutics, when he declares emphatically, that "*Therapeutics is not founded upon pathology. The former cannot be deduced from the latter. It rests wholly upon experience. It is, absolutely and exclusively, an empirical art.*"—(pages 113–14.)

Our author seems to be greatly enamoured of the French school, and especially of the numerical method of Louis, to whom, indeed, he has dedicated his volume. He obviously does not subscribe to the saying that "there are more false facts than false theories;" yet, the frequency with which results of experiments, called observations, are set down as facts, which turn out not to be so, is well calculated to render the mind skeptical, and especially when these so-called facts are not consonant with general observation. A striking example of this, and of the readiness with which the mind embraces as facts what it is already predisposed to believe, is exhibited in the work before us. Speaking of the abandonment of the use of opium to procure sleep, in delirium tremens, the author observes: "The therapeutical reform, thus commenced, has been recently completed by the remarkable and unparalleled success which has followed the alcoholic treatment of the disease by Dr. Gerhard." This, we have no doubt, refers to the practice of Dr. Gerhard in the Philadelphia Hospital.

In the last number of the *American Journal of the Medical Sciences*, (October, 1844,) there is a statement of the "Statistics of the Causes of Death" in that Institution "during a period of twelve years," by Dr. Tabb, lately one of the resident medical officers. By that statement it appears that no deaths occurred of the large number admitted into the hospital, except among those in the third stage. Of those treated by Dr. Gerhard, (with alcohol,) two were admitted in the third stage, one of whom was cured, and one died. Of those treated by Dr. Dunglison (without "a drop of alcohol") ten were admitted in the third stage, of whom one died. So that the "unparalleled success" which "completed" the reform by substituting alcohol for opium, under which fifty per cent. died of those in the third stage, has been surpassed, and the reform further "completed" by abandoning alcohol, whereby only one-tenth died of those admitted in the third stage. Thus we see that whether our observations are "complete" or not, depends very much upon the condition of the mind by which they are to be judged—the mind will be easily satisfied if they confirm what *in theory* it has already decided.

A great and pervading error in the present work, it appears to us, is in regarding the living body in the light of a mere physical machine; or, at least, in not sufficiently considering the vital reactions that are continually occurring, under the influence of mental and physical causes.

There are some other points which we should be disposed to object to, but that our limits confine us to "notices," and do not allow of extended analysis or criticism, however interesting or worthy the publication: —a few words, therefore, must close what we have to say.

The leading doctrine of this work, as we have remarked, is many centuries old—has been dead and buried, in fact, some two thousand years, and is now again

brought forth, stripped of its cerements, dressed up in the rich garments afforded by modern literature, and the breath of life attempted to be breathed into its nostrils—with what success, remains to be seen. Never before, certainly, have we seen the same doctrine put forth with more confidence, or defended with more ability, and in a style so well calculated to captivate the understanding.

Nevertheless, so little are the views advanced in accordance with the opinions of the present generation of men, that most people would deem any attempt at their refutation a bootless task. In dragging forth, at the present time, doctrines so long entombed, it seems to us that the able author has placed himself very much in the predicament of one who should deny the sanity of all around him. The judges in the case are much more likely to decide against him than against themselves.

THE MEDICAL EXAMINER.

PHILADELPHIA, OCT. 19, 1844.

CLINICAL LECTURES AND REPORTS.

The many favorable expressions we have heard from our subscribers, in reference to this department of the *Examiner*, satisfies us of its utility; and accordingly it will continue to be with us a prominent object of attention. The lectures of Sir Benjamin Brodie, are admitted by every one to be exceedingly rich and valuable, not only because of his vast experience, but from the clearness with which the subjects are presented, the aptness of his illustrations, and the plain common sense views which characterize his remarks on all occasions. Next to this eminent surgeon, Mr. Liston stands prominently in England, as well as in the estimation of the profession in this country: we have therefore collected some of the lectures delivered by him at one of the great London Hospitals, which, after we shall have concluded those of Sir Benjamin Brodie, will appear in our columns. By an accident, (which it is not necessary to explain) one of Mr. Liston's lectures has fallen into the printers' hands prematurely, and hence it appears in the present number. Although they will not be forthcoming for a time, the present sample will afford to our readers a foretaste of what are to come.

The season is approaching when the clinical courses in our own Colleges and Hospitals will be resumed with their wonted spirit. From these sources, also, we hope to draw valuable materials for our pages.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, (ENGLAND.)

The Provincial Medical and Surgical Journal of August 14th, is filled with the proceedings of this spirited association. It appears that the twelfth anniversary was held at Northampton, on Wednesday, August 7th, and Thursday, August 8th, at which there were *one hundred and fifty members present*, from various parts of the Kingdom, many of whom we recognize as amongst the most eminent members of the profession. The greatest harmony and good feeling

prevailed, and much important business was transacted. Among the proceedings, we notice the following in relation to one of our own countrymen who was then in England :

"Dr. Forbes moved, and Dr. Cowan seconded—

"That Thomas D. Mijter, M. D., of Philadelphia, Professor of Surgery in Jefferson Medical College, be appointed an Honorary Corresponding Member of the Provincial Medical and Surgical Association."

RECORD OF MEDICAL SCIENCE.

GESTATION IMPEDED BY ENCYSTEAD DROPSY— RELIEF BY PARACENTESIS.

BY DR. HANDYSIDE.

The patient had borne three children, and had three miscarriages. During each successive pregnancy the enlargement, which was situated on the left side of the abdomen, increased, and when Dr. H. was called, presented the characters of ovarian dropsy. On the last occasion, after completing her fifth month of gestation, she was repeatedly attacked by urgent and protracted fits of dyspnoea, produced by the enormous distention of the abdomen by the dropsical swelling, and there was imminent risk of an immediate miscarriage; upon this it was resolved by Drs. Sidey, Pagan, and Handyside, who consulted together on the case, to afford the patient the temporary benefit of the operation of paracentesis, notwithstanding that the prognosis generally was so very unfavourable.

The fluid removed resembled that of ovarian dropsy, being of a viscid albuminous consistence, very tenacious on cooling, solidified under nitric acid and heat. It was of a dark brown colour, and presented a trace of arterial blood, as if it had flowed from a very vascular cyst. Two and a half gallons was the quantity removed: and the patient became much relieved. She went on favourably till the thirteenth day after the operation, when she had the apprehended miscarriage, and sunk from the separation of the placenta, bleeding, and general exhaustion, before Dr. Sidey was called.

On examination of the body, the fibro-serous cyst, which, previous to recourse being had to the trocar, had lain in contact with the anterior wall of the abdomen, was found to have receded into the left hypochondriac region, between the cardiac end of the stomach, the diaphragm, and the left angle of the colon, within the lesser sac of the peritoneum. It was found partially refilled, and on being incised discharged nearly a gallon of dark coloured fluid similar to that removed by operation.

The cyst, on its interior, presented well marked encephaloid tumours, which had protruded from its middle or fibrous coat. The stomach presented, underneath its mucous lining, two patches of the cerebriform deposit; minute tumours of the same character were situated on different parts of the anterior wall of the peritoneum; and the liver, which had attained three times its natural weight, presented the carcinomatous, mingled with the haematoïd degeneration. Ascites, to the amount of one or two pounds, also existed, and was demonstrated by Dr. H. to be the effect of the three-fold alteration of structure. The pelvic viscera (with the exception of the ordinary traces of very recent abortion, including separation of the foetal membranes,) and the thoracic viscera, were healthy.—*Lond. and Edin. Monthly Journ. Med. Science.*

DR. CORMACK ON IPECACUAN AS A COUNTER-IRRITANT.

Dr. Cormack detailed the result of his hospital experience of ipecacuan as a counter-irritant in the form of ointment, as recommended by Dr. Hannay of Glassgow. Dr. C. had tried the ipecacuan in a great many cases, and in the proportion of 10 to 12 of them it had failed to produce any eruption, even when the powder was in the proportion of half an ounce to an ounce of lard. In a few persons only, with a delicate skin, or who had had recent blisters on the surface experimented on, did he succeed in bringing out an eruption. The eruption was vascular in three cases which were carefully observed. In the same persons on whose skin the ointment produced no effect, a good crop of pustules was in every instance brought out by one, two, or three frictions with a liniment of equal parts of olive and croton oil. Dr. C. believed that there were many vegetable powders which would be found more active counter-irritants than ipecacuan.

Dr. Handyside and Dr. Douglas Maclagan stated that they had met with no good result from its employment. Their experience corroborated that of Dr. C.—*Ibid.*

An Improved Method for the Detection and Quantitative Determination of Arsenic in Cases of Poisoning. By DR. FRESENIUS AND VON BABO.

The authors, after detailing the objections, to the means at present adopted for detecting arsenic, as that of Reinsch, Marsh, and the various modifications which have been proposed of this latter method, give the process which forms the subject of this communication. Part of the material to be tested is treated with hydrochloric acid, and chlorate of potash added, assisted by heat, and when sufficiently acted upon, filtered and the solution concentrated; solution of sulphurous acid is next added in excess, and this excess afterwards expelled by heat. Sulphuretted hydrogen is then passed through the solution to saturation, ammonia added, and the whole lightly covered and kept warm until the odour of the gas has disappeared. The precipitate is collected on a filter, and is next acted upon by fuming nitric acid, added by degrees until the whole is moistened, and is then reduced to dryness in the water bath. It is next moistened with hydrated sulphuric acid, and heated in a water bath for two or three hours, and finally to about 302°, Fahr. The dried and charred residue thus obtained is treated with from ten to twenty parts of distilled water, hydrochloric acid added, and again precipitated as sulphuret, collected, and ammonia added, and the ammoniacal solution evaporated to dryness, and dried at 212°; the charred residue, and anything that remains undisolved by the ammonia, must be tested for lead, mercury, bismuth, copper, &c. The reduction of the resulting sulphuret of arsenic is then fully described, and the apparatus into which it is to be conducted figured. The process consists in mixing the sulphuret with dry carbonate of soda and caynide of potassium, and introducing it into the reduction-tube, dry carbonic acid being passed over it, while it is gently warmed, so as to expel all moisture; the flame of a spirit-lamp is applied to the tube beyond the materials, for the purpose of decomposing the liberated vapours, and another strong flame is gradually applied to the mixture until all arsenic is expelled. The reduced arsenic forms a film in advance of the first spirit-lamp flame; should zinc or antimony be present, they will be obtained in their metallic state by dissolving in water the residue found in the reduction tube.—*London Med. Times.*

PRESERVATION OF PATHOLOGICAL SPECIMENS.

M. Pigné announces that a solution of creosote, in the proportion of 4, 5, 6, 7, 8, or 10 drops, according to circumstances, to the litre, or pint and three quarters of water, forms an excellent, and of course very cheap, liquor for the preservation of specimens. An entire subject, or any portion of it, kept in the solution of 10 drops, preserves all its physical characters and properties unchanged for an indefinite length of time. Pathological specimens, that have been shrunk and blanched by twenty years' keeping in spirits, are speedily restored to their original form, size, and pliability, by being transferred to the creosote liquor. Portions of blood, pus, urine, &c., may be kept in it without undergoing any change, and examined at leisure.—*Lond. Med. Gazette.*

CONCUSSION OF THE BRAIN. FRACTURE OF THE BASE OF THE SKULL.

William Lawrence, aged sixty-four, was admitted into Westminster Hospital, under Mr. Hale Thomson, at 3, P. M., of the 20th of May, having fallen from a scaffold, about fifteen feet in height, upon his head.

On examination, the scalp was found considerably contused over the occipital bone of the left side, pupils contracted, considerable bleeding from the left ear; he was very irritable and had the appearance of a man half drunk. Soon after being placed in bed he became gradually insensible, pupils were dilated, breathing stertorous, mouth drawn to the right side. He had also slight convulsions. At six, P. M., the pulse having risen and become full, he was bled to fourteen ounces, without any relief to the symptoms. At eight o'clock he was again bled to sixteen ounces, after which the breathing became quieter, and the pulse less full, but the pupils remained dilated, and he had several convulsive attacks during the night, but not so severe as before the last bleeding.

Early in the morning of the 21st a turpentine injection was administered, which acted freely on the bowels; pupils still widely dilated, breathing quieter. The enema was repeated daily till the 28th, and nothing given him but tea. On the 28th, on rousing him, he complained, for the first time, of pain in his head; pupils still dilated. Ordered to take two grains of calomel every three hours, for four doses, and then every six hours for four more, and afterwards to take it night and morning only. To have a pint of milk daily, with tea. He continued the calomel until the 2nd of June, when the mouth and gums being very sore, it was left off. The pupils are less dilated and act by the stimulus of light. He is much more sensible; pain in the head less; bowels rather confined. Ordered a dose of aperient medicine.

4. Better. To continue the milk and tea.

6. Pupils still dilated; complains very much of his mouth; bowels regular; pulse full.

10. Is now quite sensible, but is rather deaf; pupils dilated, and act but slightly; tongue when protruded is drawn a little to the left side, and is thrust out by successive efforts. A pint of milk daily.

15. Going on well; complains of being very hungry.

20. Is now able to sit up during the day; the pupils remain dilated, and there is slight hesitation in his speech; pulse full and hard; bowels open.

From this date he continued to improve gradually and steadily. He had occasional attacks of irritability, as was evinced by unusual garrulity, but he

was so far recovered by the middle of July, as to be able to leave the hospital, having been previously admonished to avoid all kinds of stimuli.—*London Lancet.*

CARCINOMATOUS TUMOUR OF THE NECK MISTAKEN FOR AN ANEURISM OF THE EXTERNAL CAROTID ARTERY.

The following very instructive case, which lately occurred in Jervis-street Hospital, affords a most practical lesson of the great caution which should be observed in forming a diagnosis of the nature of all tumours, more particularly those occurring in the neck:

John M'Manus, aged forty-four years, a labourer, of sallow, unhealthy appearance, was admitted into Jervis-street Hospital, July 5, 1844. There is an oval tumour about the size of a turkey's egg, situate on the right side of the neck, in that portion described as the post-superior triangle, penetrating deeply, so as to push the right tonsil forwards. A distinct pulsation can be felt in every portion of the tumour, which ceases when pressure is made on the carotid artery a little below the tumour; pressure on the artery does not diminish its size. It has a peculiar boggy inelastic feel; no discolouration of the skin covering it; pulse and respiration natural. The patient states it commenced about two years since, that it gradually increased in size until the present period, without causing him any annoyance whatever. The tumour being considered an aneurism of the external carotid artery, the operation of tying the common carotid artery in its first stage, was agreed on.

The operation was performed on the 20th July, in the usual manner, by Mr. O'Reilly, assisted by Professors Harrison and Ellis, the other medical officers of the institution, and Mr. Adams, one of the surgeons to the Richmond Hospital, in the presence of a numerous class of students. The patient was put to bed after the operation, and ordered to take the following draught at night:—Acetate of opium, ten minims; water, one ounce. Make a draught.

21. The patients in the ward say he slept well during the night, that he awoke at two o'clock, A. M., and passed his urine. He appears to be now suffering from an attack of apoplexy; breathing stertorous; pulse slow and labouring; pupils dilated; extremities cold; he is perfectly insensible. Sina-pisms applied to the abdomen and feet; ten ounces of blood from the back of the neck by cupping; cold effusion on the head. Under this treatment he partially recovered, but was attacked by a severe purging on the 25th. He lingered in this state until 29th July, when he died.

On examining the body the right carotid artery was found perfectly sound through its entire course, except where the ligature was applied. The tumour that in life so much resembled an aneurism, was found to be carcinomatous, part of which was lodged in the angle formed by the division of the common carotid artery. The brain was not examined. The tumour and the artery, with the ligature on it, are preserved at the hospital.—*Ibid.*

A NEW MODE OF PRESERVING THE ERGOT OF RYE.

BY R. M. NUNN, ESQ., WEXFORD.

Having seen in a late number of the *Lancet*, (August 10th, page 611) some observations on the preservation of the *secale cornutum*, by Mr. Rawle, of Saffron Walden, and, as it is a subject to which I have given some attention, I can recommend the following plan for the preservation of this valuable but

perishable drug as one on which the practitioner can confidently rely. Procure a choice specimen of the ergot, reduce it to powder, have in readiness a sufficient number of two-drachm bottles, into each bottle put one drachm of sulphuric ether (spirits of wine may do as well), and then press in two drachms of the powdered drug (if the bottles are of the proper size it will require a slight pressure to make them hold this quantity); now cork it well, and either seal with wax, or cover with bladder. When required for use, put the contents of one of these bottles into a tumbler, and pour on it a small quantity of boiling water; violent effervescence takes place which quickly subsides, and during which the ether is evaporated; you may then add as much more boiling water as may be necessary. It is *instantly* fit for use.—*Ibid.*

ARTIFICIAL ANUS IN THE LEFT LUMBAR REGION.

M. Amussat narrated to the academy the following case. Mrs. B., aged fifty-three, of a strong constitution, mother of several children, had never laboured under any serious affection, until the following symptoms manifested themselves:—Obstinate constipation gradually increasing, colics, at first rare, but becoming more and more frequent and intense. From the 12th of last June, there was complete obstruction to the passage of faecal matter or even gases, although the most powerful purgatives were used. The abdomen became distended, the seat of violent pains, and vomiting set in. Such was the state of things when M. Amussat was consulted. The finger introduced into the rectum discovered no obstacle, no lesion. On examining per vaginam, the neck of the uterus was found to be slightly lowered, the fundus of the organ resting on the rectum, as in retroversion. All the means resorted to having proved vain, it was determined to make an artificial anus, and the left lumbar region was fixed upon, as it was thought that the sigmoid flexure of the colon was, most probably, the seat of the lesion. This diagnosis was founded on the following reasons:—The great frequency of organic lesions of that portion of the descending colon; the absence of faecal vomiting, which generally exists when an organic affection occupies the small intestines or the superior portion of the large; the impossibility, on the part of the patient, to retain more than a pint of injected fluid, which showed that the obstacle was not situated high up.

The patient was placed on a bed, the abdomen resting on pillows. The crista of the ilium, the margin of the last rib, and the external edge of the sacro-lumbar muscular mass, were marked out with ink. A transverse incision, exposing the aponeurosis of the transversalis, three or four inches in length, was then made. Three small arteries were twisted, and the aponeurosis, having been carefully incised, a small mass of fat escaped, presenting the appearance of an intestinal convolution. On cutting through it, a portion of intestine, of a reddish colour, and the external edge of the quadratus lumborum were exposed. A waxed thread having been passed through the intestine, behind the peritoneum, it was raised with a tenaculum and opened. A quantity of gas escaped with a hissing noise, and afterwards faecal matter appeared. The opening was then enlarged, and the intestine was fixed, by three sutures, to the skin; water was afterwards injected to favour the escape of the faeces. The peritoneum was not opened. The results of the operation were most favourable; not a bad symptom occurred. On the 30th of

July, a month after the operation, the state of the patient was most satisfactory. The artificial anus was thoroughly established. During the interval of the evacuations the anus is closed with a wax bougie.

London Lancet.

DIABETES TREATED BY ALKALIES.

MM. Miale and Contour narrated a case of diabetes mellitus cured by the use of alkalies and sudorifics. The patient, a man aged forty-three, had been labouring under diabetes for eighteen months, and was in the following state:—Extreme prostration and emaciation, great weakness, appetite good, digestion easy, thirst intense, dryness of the mouth, although he drank five or six quarts a day. His urine was abundant, and the quantity was always in relation to the fluid he introduced into the economy. It was acid and nearly colourless; density 1,035; it contained a little more than nine drachms of sugar for each quart. After giving, without any result, the chloride of sodium during fifteen days, the internal administration of alkalies was commenced, as also the use of flannel, of vapour-baths, and of highly-animalised diet. One drachm of bicarbonate of soda and eighteen grains of calcined magnesia were given daily, during eight days. The dose of bicarbonate was then progressively raised to one drachm and a half, to two and a half, and, lastly, to three. The doses of the magnesia remained the same. This treatment lasted a month, and was followed by complete success. The quantity of sugar contained in the urine gradually decreased, and when the fluids of the economy had recovered their alkaline properties, it entirely disappeared. At the time the patient was cured, and eating every day a pound of bread along with a pint of milk. He still, however, continued the use of alkalies, and it was impossible to say whether the symptoms might not return, were their administration suspended.—*Ibid.*

SEA-SICKNESS, A REMEDY IN CERTAIN CASES OF JAUNDICE.

BY H. PERCY, ESQ., WORTHINGTON.

Emma Cox, aged twenty-eight, cook in a gentleman's family, of a full habit, had been suffering from jaundice between three and four months; previous to this attack had always enjoyed good health. When I first saw her the skin was deeply dyed, bowels obstinately constipated with pain in the epigastric region, recurring at intervals, but not of a very severe character; the motions had not the least tinge of bile. After attending on her a considerable time without at all relieving her, I one day, when the sea was rough, recommended her sailing in a boat for three or four hours; she at once followed the advice, and, to use her own words, was horribly sick. I afterwards administered a dose of brisk aperient every four hours; within twenty-four hours she discharged, by stool, several small gall-stones, and a large quantity of inspissated bile. The complexion rapidly became clear, and she soon got perfectly well, an occasional aperient being the only medicine used. I have not as yet had an opportunity of trying this remedy a second time, but where there is only mechanical obstruction to the passage of the bile, I think the relaxing effects of sea-sickness must tend to accelerate the stone through the duct.

In the above case the patient was cured at once by it, and were it not so immediately beneficial (as will most probably generally be the case) it might be persevered in, with intervals of a few days, with a reasonable prospect of success.—*Ibid.*

ACADEMY OF SCIENCES, PARIS—JULY.

PSEUDO-MEMBRANOUS INFLAMMATION OF THE BLADDER PRODUCED BY BLISTERS.

M. Morel Lavallée stated that although, generally speaking, cantharides applied to the skin, exercise no influence over the bladder, they sometimes develop in that organ, owing to individual peculiarity, an inflammation similar to that produced on the skin, and accompanied by the formation of false membranes. The size of the blister appears to have a considerable influence over the occurrence of these accidents. In three cases which M. Morel Lavallée gave, the blisters were very large. One had been applied near the bladder on the hypogastric region; the others had been applied at a considerable distance on the head and the chest. The false membranes are sometimes small, thin, with an irregular festooned margin, whilst sometimes they are as large as half a playing card. In the first instance, they are of a dull-white colour on the adherent one. In one case in which M. Vidal de Cassis was able to examine the bladder after death, its internal surface was red and swollen, like the conjunctiva in blennorrhagic ophthalmia. The symptoms are those of ordinary cystitus. It is worthy of remark that in the cases observed by M. Morel Lavallée, the blister had been powdered with camphor. In the treatment of these cases M. Morel advises vesical injections of emollient fluids, along with poultices, refreshing drinks, &c., at the same time he takes off the blister.—*Lon. Med. Times.*

AMPUTATION OF THE ENTIRE SCAPULUM.

M. Rigaud, Professor of Clinical Surgery at the Faculty of Strasburgh, forwarded to the academy the model of a scapulum which he had taken away, along with a portion of the clavicle, from a man, fifty-one years of age. The patient, a grenadier of the Imperial Guard, bore, in 1841, a tumour of the superior portion of the left arm, which necessitated amputation at the shoulder-joint, an operation which M. Rigaud performed. The wounds resulting from the operation healed, and the patient was well during eight months. At that epoch an osseous tumour formed in the axillary region, evidently proceeding from the anterior angle of the scapulum. M. Rigaud thought it necessary to take out the entire scapulum along with the external extremity of the clavicle. This laborious operation was performed successfully in 1842; the patient recovered in the course of two months, and has ever since enjoyed good health.—*Ibid.*

ULCERATION OF THE LARYNX.

Mr. Bunn was consulted by a young man, who presented suspicious ulcers on the scalp: part of the glans penis sloughed, and the other part was destroyed by ulceration. He was more than once placed under the influence of mercury, but foul ulcers continued to appear about the root of the penis, and after a time he had cough, pain in the larynx, difficulty of breathing, etc. He died asphyxiated, and on examining the larynx, it was found extensively ulcerated, with exfoliated portions resembling carious bone, imbedded in loose, soft granulations.—*Ib.*

SUPERFICIAL NŒVUS.

Mr. Tucker has cured several cases of superficial nœvus (claret stains) by the application of the nitrate of silver in substance. In some of the instances the application of the caustic for a few times was quite sufficient to eradicate the deformity.—*Ibid.*

LARGE DOSES OF QUININE IN EPILEPSY.

M. Taroni mentions in the *Gazetta Medica di Milano* the case of a young woman who was the subject of epilepsy from fright. Failing other measures, and the disease manifesting marked periodicity, M. Taroni exhibited quinine in large doses, beginning with twenty grains daily, and gradually raising the quantity to forty grains, which were given daily for six days, after which the dose was gradually diminished. During all this while the cure was progressive, and was finally accomplished.—*Ibid.*

SPINAL DISTORTION.

Two cases of extreme spinal distortion are related by Mr. Hare in the Provincial Medical Journal, in both of which a cure was effected by placing the patients on an inclined plane, making gentle extension by weights attached to the feet, axilla, and head, and by attention to the general health. The first case is described as caries of the dorsal vertebræ, but a careful perusal of the history of the case has convinced us that it is a simple case of angular distortion only.—*Ibid.*

MOXAS OF MARMORAL (M. Guèpratte).—Their preparation is simple, their application convenient, and their action can be regulated at the will of the operator. A leaf of ungummed paper, soaked in subacetate of lead, and properly dried, is sufficient to prepare sixty cylinders, which will burn alone always parallel to their bases, and with sufficient slowness to develop gradually that heat, which ought to crack the epidermis and produce an eschar. There are neither sparks nor smoke to annoy the practitioner, nor to inconvenience the patient, and bring on the fits of coughing of phthisical patients, for instance. M. Guèpratte generally substitutes new unbleached calico for the paper; he cuts slips about half as high again as the moxas; he folds, and rolls them round, securing the last fold with a few stitches. In this manner he has not a perfect cylinder, but a truncated cone, with a sufficiently large base not to require the use of any instrument to retain its position, which it can do itself if the skin be moistened. All that is requisite is to hold the patient steady.—*Ibid.*

CAUSTIC POMMADE (Baummés).—Eight grammes of lard, one gramme of powdered savine, one gramme of alum, one gramme of colomel. Used in frictions of vegetations, the most fungous and vascular especially, become inflamed, suppurate, shrink up, and come away by shreds.—*Ibid.*

Mr. Weninger, of Vienna, has published a case where vaccination was performed on a child eight months old, in July, 1837, and did not become developed till July, 1840 thus remaining latent for three years!—*Ibid.*

MANAGEMENT OF IDIOTS.

M. Ed. Seguin has just written a work, in which he makes the following important remarks:

“By gymnastic exercises, properly and suitably regulated, the muscular system is strengthened; by mechanical excitation, the voluntary muscles of the limbs, the trunk and face, are exercised; by the dumb bells and the balancing pole, both valves of the body are regulated in their forces, which creates an uprightness in standing, walking, &c.; by the exercise of the senses, the subject is placed in precise

and rapid communication with himself and the external world ; he is disposed to intellectual life by the study of notions, and notions lead to re-connected ideas ; by talking, by reading, and writing, he is made to enter upon abstract questions, when numbers and morals give him the feeling of relations which he should establish with his equals. Many children abandoned as idiots, may be thus far conducted ; but no doubt a certain number of them can never go beyond the limits which separate notions from ideas, or connected from abstract ideas. There is still a small number in whom education can only modify the most repulsive habits, especially those in whom idiocy is complicated with epilepsy, paralysis, rachitis, &c. For the same reason that there are incurable diseases, we must also recognize cases of idiocy resisting almost all possible means of education. But that is no reason for abandoning without exception all idiots to the deplorable state in which we find them. The time is come to do something for these poor creatures, analogous to that which is practiced in the numerous schools for the deaf and dumb."

These are sound principles, and experience has proved that they may be successfully put in practice. It is very desirable that they should be carried out upon a large scale, and meet with approbation and support from the general public.—*Gaz. Med. de Paris.*

STATE OF HEALTH IN TOBACCO MANUFACTORIES.

M. Siméon has recently published a report on the health of the workmen employed in the manipulation of tobacco, which is not wanting in interest, and completely confirms the observations previously made on the same subject. It would appear that the fabrication of tobacco not only does not exercise any unfavorable influence on the health of the workmen engaged in it, but has in some cases a preservative action. We must, however, say, that the facts related to prove this latter proposition are but of little value, and may be reduced to the following. At Morlaix, where a dysentery existed epidemically for two months, few of the tobacco workmen were affected with it, and those in whom it broke out were men of constitutions injured by excesses. At Lyons, where typhus is common, it is rare in those engaged in the manufactory ; at Tonneins, where malaria prevailed almost generally, the workmen were exempt from it ; lastly, if we may believe M. Siméon, phthisis itself is less frequent, and less rapid in its progress, among this class of people than among the rest of the population.

Before adopting these conclusions, there is a very important point to decide, whether the people employed in the tobacco manufactories are not in a much better condition as regards regularity, work, and wages, than the greater part of the rest of the population. This, in our opinion, is the true cause of the superiority of the classes employed by Government. When the other classes are placed in analogous conditions, analogous results will be obtained.—*Ibid.*

HOMEOPATHY, &c. AT A DISCOUNT.

A new reformer in Medicine, Ernest Manher by name, has sprung up in Leipsic. The prophet is foreshadowed even in his external appearance. He pretends that he has discovered, or at least brought to light again, the original and primitive Hygiène ; and he has already committed to print a portion of his grand panacea. Abstracting himself from all former medical theories, he rejects alike allopathy

and homœopathy ; the nearest thing he comes to is hydropathy. It is his innate conviction, that by the adoption of his purely "Natural System," physic and physicians will henceforth be superfluous. That the man possesses a clear understanding, some wit, and is a ready speaker, we cannot deny ; he lectures to crowds of students in *convictorio*, and at times also in the Rosenthal. If he is to be believed, he has made a personal trial of his doctrines ; for a time he dwelt in the wilds of America ; at another, for the purpose of strengthening his system, he practised daily swimming in the sea in the month of January, during a sojourn at Calais ; he also took long walks, stark naked, during a keen frost, &c., and all this for the purpose of testing to the utmost the powers of resistance of nature. In a word, his system may be described as emphatically "a hardening one."—*Alg. Zeitung für Chirurgie, &c.*

TREATMENT OF LEUCORRHEA, BY MEANS OF TINCTURE OF IODINE.

M. Van Steenkiste has made use of a dilute tincture of iodine with great success in cases of obstinate chronic leucorrhœa.

R. Iodine, gram. iv.; Alcohol, gram. ix; solve ; et Aquæ distill. grainmes exxv.; about 30 fluid grammes (or f3 xv.) are to be thrown into the vagina as an injection, and repeated every day or every other day, according to the excitement it occasions.—*Ann. d'Obstétrique, cited in Gaz. des Hôpital.*

EXTERNAL APPLICATION OF IODIDE OF MERCURY IN SYPHILITIC CAVIES.

Mr. Storks, in a case of lupus, had successfully employed the tincture of iodine, as a remedy, administered both locally and internally.

Mr. Pilcher had seen several cases in which the nasal bones had become necrosed, not from common, but from specific inflammation, such as that which resulted from syphilis. This, too, had occurred when a cure had been apparently effected, and no suspicion was entertained that the nasal bones would become diseased. Gradually, however, and almost imperceptibly, the bones gave way, and were ultimately entirely removed. These cases were generally the result of syphilis ; inflammation came on in the Schneiderian membrane, the bone then became affected, and not being sufficiently nourished, became gradually absorbed. He had seen the nasal bones affected in this manner as the result of scarlet fever, where that disease affected the nose. The inferior spongy bone he had often seen affected in this way. He related the case of a young lady who, after scarlet fever, suffered from inflammation of the lining membrane of the nose, which was followed by necrosis of the inferior spongy bone ; on removing this she got quite well. The reason the bone perished rather than the cartilage resulted from the lower degree of organisation of the former. In these cases, however, he did not think that it was always the nasal bones which were affected ; the vomer might be destroyed, or some other of the neighbouring bones. Mr. Pilcher then made some remarks on the value of the Talicotian operation, and on the eligibility of carrying out the principle, if possible, in cases of cleft palate and other congenital or acquired deformities.

Some cases were related of perforation of the cartilaginous septum of the nose resembling a hole punched out by a shoemaker's punch. It was the result of inflammation. The local application of nitric acid, however, stopped the ulceration.—*Lancet*: